487566201647

5/037/0123

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT F Phone: (800) 331-3282 Fax: (81	ILER (optional) 18) 662-4141		
B. E-MAIL CONTACT AT FILER (optional CLS-CTLS_Glendale_Custome		erskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Na CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	nme and Address)	18367 - North Mill 52660114 UTUT	7
File with: D	iv of Corp and C	commercial, UT	



RECEIVE

OCT 04 2016

Div. of Oil, Gas & Mining

02/26/2016 Receipt Number: 6346687

THE ABOVE	SPACE IS	FOR FILING	OFFICE USE	ONLY
-----------	----------	------------	-------------------	------

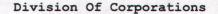
1a. ORGANIZATION'S NAME Monument Resources L.L.C.				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3300 E Old Mission Road	Bluff,	UT	84512	USA
26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL(S)	SUFFIX
Gaines Gaines	William	Glen		
Gaines c. Mailing address	보통 있다고 하면 하는 경향이라면 한 이 교육이 되었다.			SUFFIX
Gaines c. MAILING ADDRESS 3300 E Old Mission Road	William CITY Bluff,	Glen STATE UT	POSTAL CODE 84512	
Gaines 2c. MAILING ADDRESS 3300 E Old Mission Road SECURED PARTY'S NAME (or NAME of ASSIGNEE or Sa. ORGANIZATION'S NAME EFS Credit Trust	William CITY Bluff,	Glen STATE UT	POSTAL CODE 84512	COUNTRY
25. INDIVIDUAL'S SURNAME Gaines 2c. MAILING ADDRESS 3300 E Old Mission Road . SECURED PARTY'S NAME (or NAME of ASSIGNEE or 3a. ORGANIZATION'S NAME	William CITY Bluff,	Glen STATE UT d Party name (3a or 3	POSTAL CODE 84512	COUNTRY
Gaines 2c. MAILING ADDRESS 3300 E Old Mission Road . SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME EFS Credit Trust	William CITY Bluff, f ASSIGNOR SECURED PARTY): Provide only one Secure	Glen STATE UT d Party name (3a or 3	POSTAL CODE 84512	COUNTRY

All equipment listed on lease agreement number 151885-001(App#77876) consisting of Terex Cedar Rapids Jaw Crusher; SERIAL#054858: togewith all accessories, attachments, replacements, substitutions and accessions related thereto, along with all	eement number 151885-001(App#77876) consisting of Terex Cedar Rapids Jaw Crusher: SERIAL #054858: together				

5. Check only if applicable and	check only one box: Collateral is held	in a Trust (see UCC1Ad, item 17 ar	nd Instructions)	being administered by a De	ecedent's Personal Representative
6a. Check only if applicable an	d check only one box:			6b. Check only if applicable	le and check only one box:
Public-Finance Transa	ction Manufactured-Home Trans	saction A Debtor is a Trans	mitting Utility	Agricultural Lien	☐ Non-UCC Filing
7. ALTERNATIVE DESIGNATIVE	ON (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERE 52660114	NCE DATA: 151885-001	42		DBA: Monu	ument Resources, Inc.

487566201647

AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing ecause Individual Debtor name did not fit, check here	Statement; if line 1b was left blank	(50)		
9a. ORGANIZATION'S NAME Monument Resources L.L.C.				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	THE ABOVE SPACE	E IS FOR FILING OFF	ICE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional on ont omit, modify, or abbreviate any part of the Debtor's name) a	Debtor name or Debtor name that did not fit in and enter the mailing address in line 10c	And the same of th		
Monument Resources, Inc.				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
00 E Old Mission Road ADDITIONAL SECURED PARTY'S NAME or	Bluff, ASSIGNOR SECURED PARTY'S P	VAME: Provide only one par	84512 e (11a or 11b)	USA
11a. ORGANIZATION'S NAME		www. Trouge only grid flam	o (Tra or Tra)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral): h and non-cash proceeds (including without limitations therefrom.	on indemnity claims, claim payments	and other proceeds rela	ting to insurance), pro	Amount Page
This FINANCING STATEMENT is to be filed [for record] (or r REAL ESTATE RECORDS (if applicable)	covers timber to be	cut	collateral is filed as	
lame and address of a RECORD OWNER of real estate descril if Debtor does not have a record interest):	bed in item 16 16. Description of real estate	9:		a fixture filing





Record of Filing

File Number: 487566201647
Old File Number: N/A

Record Date:03-15-2016 11:05 Lapse Date:03-15-2021 23:59 Type: UCC
Status: ACTIVE

FEIN: null

Jurisdiction: null

Organization Id: null

Organization Type: NONE

Filer:

CT LIEN SOLUTIONS 52660114 P.O. BOX 29071 GLENDALE, CALIFORNIA 91209-9071

Collateral Description:

Action: ADD Description:

ALL EQUIPMENT LISTED ON LEASE AGREEMENT NUMBER 151885-001 (APP#77876) CONSISTING OF TEREX CEDAR RAPIDS JAW CRUSHER; SERIAL#054858; TOGEHTER WITH ALL ACCESSORIES, ATTACHMENTS, REPLACEMENTS, SUBSTITUTIONS AND ACCESSIONS RELATED THERETO, ALONG WITH ALL

Debtor:

MONUMENT RESOURCES L.L.C. 3300 E OLD MISSION ROAD BLUFF, UTAH 84512

Trust: No

Debtor:
GAINES, WILLIAM GLEN
3300 E OLD MISSION ROAD
BLUFF, UTAH 84512

Trust: No

Secured Party:

EFS CREDIT TRUST 50 WASHINGTON STREET, 10TH FLOOR SOUTH NORWALK, CONNECTICUT 06854

Transaction Detail:

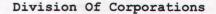
Form Type: UCC 1 FILING STATEMENT Effective Date: 03-15-2016 11:05 Submitter Ref: INFO REDACTED Web Transaction ID: null

Transaction Cost: \$12.00 Receipt Number: 6346687 Alt Designation: NONE

Additional Description:

FILLING APPROVED - 3

THE DATA LISTED ABOVE IS A 'NON-CERTIFIED' RECORD. PLEASE TAKE THE TIME TO REVIEW ALL OF THE INFORMATION. IF YOU FIND ANY DISCREPANCIES, MADE BY THE DIVISION YOU MUST CONTACT THE DIVISION, AT NO COST, WITHIN 30 DAYS OF RECEIVING THIS ACKNOWLEDGEMENT.





Record of Filing

Filer:

CT LIEN SOLUTIONS 52660114 P.O. BOX 29071 GLENDALE, CALIFORNIA 91209-9071

Collateral Description:

Action: ADD Description:

CASH AND NON-CASH PROCEEDS (INCLUDING WITHOUT LIMITATION INDEMNITY CLAIMS, CLAIM PAYMENTS AND OTHER PROCEEDS RELATING TO INSURANCE), PRODUCTS AND RENTS THEREFROM.

Debtor:

MONUMENT RESOURCES, INC. 3300 E OLD MISSION ROAD BLUFF, UTAH 84512 Trust: No

Transaction Detail:

Form Type: UCC 1AD ADDENDUM Effective Date: 03-15-2016 11:05 Submitter Ref: INFO REDACTED Web Transaction ID: null

FEIN: null Jurisdiction: null Organization Id: null Organization Type: NONE

Transaction Cost: \$12.00 Receipt Number: 6363539 Alt Designation: NONE

Additional Description:

FILLING APPROVED - 3

THE DATA LISTED ABOVE IS A 'NON-CERTIFIED' RECORD.PLEASE TAKE THE TIME TO REVIEW ALL OF THE INFORMATION.IF YOU FIND ANY DISCREPANCIES, MADE BY THE DIVISION YOU MUST CONTACT THE DIVISION, AT NO COST, WITHIN 30 DAYS OF RECEIVING THIS ACKNOWLEDGEMENT.